



Dental Board of California

VOLUME 10

News & Action Report

August 31, 2001

The Dental Board of California

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PRESIDENT'S MESSAGE

Kit Neacy, DDS

The Dental Team Diversion Program may be the best-kept secret of the Dental Board. As a measure of public safety, the Dental Board was mandated by the California Legislature to provide a means for impaired professionals to be rehabilitated and returned to the practice of dentistry in a manner which will not endanger public health and safety. The program has existed since 1982 and has impacted the lives of hundreds of dental professionals in California with approximately 100 individuals (dentists and auxiliaries) currently in the program. Diversion can be voluntary, and is a confidential program for licensed dental professionals who may be impaired due to alcohol and/or drug abuse. The goal of the diversion program, as with all other Dental Board programs, is to protect the public. This goal is accomplished through intervention programs, professional treatment, and motivation of the impaired professional. The number one goal of the participant (licentiate) must be *recovery*.

Since becoming Board President, I have been fortunate to have seen the Diversion Program in action. My response has been one of admiration and respect for the commitment and dedication of the professional members of the Diversion Evaluation Committee (DEC). There are three DEC's, (Northern, Southern and Maintenance) and the membership of each consists of three licensed dentists, one licensed dental auxiliary, one public member, and one licensed physician or psychologist. Many times, the dental health professionals who serve as DEC members are former impaired participants who have graduated from the program.

Some of the high points of my Board experiences have been to see numerous licentiates come before the Board after having graduated from Diversion, demonstrate a dramatic life turnaround and are back on track personally and professionally.

Is Diversion for you? If you, or a staff member, are experiencing a drug or alcohol problem that may be impacting your professional life, the Dental Team Diversion program is there for you. The DEC will design a treatment program with ongoing monitoring and work with you (and work you will) to enable you to remain in, or return to your chosen profession as the case may be. It is your opportunity to get *your* life back on track.

The Board is actively recruiting dental auxiliaries who are interested in serving as a Diversion Evaluation Committee member. If you are a licensed auxiliary in good standing with the Board and would like to be considered for a position, please send a current curriculum vitae to the Diversion Program, Dental Board of California at 1432 Howe Avenue, Suite 85, Sacramento CA 95825.

For additional information on the Board's Diversion Program, call 263-2300, ext. 2317, or Managed Health Network at 1-800-522-9198, 24 hours a day. ?

LEAD EXPOSURE WARNING

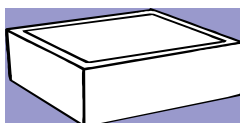
According to a recent FDA Public Health Notification, you, as a dental health professional, may be inadvertently exposing yourself to harmful lead contamination. The culprit is an innocent-looking "shoe-box sized" wooden box. Check your storage. If you have, in the past, or currently store dental films in a wooden box, that box may be lined with lead that has not been painted or coated, thus causing harmful lead contamination.

Dental films stored in such boxes have been found to be coated with a whitish film that is about 80% lead. In many cases, there are highly dangerous levels of lead on the films, enough to potentially cause serious adverse health effects in patients and health care professionals. Some of the adverse effects include anemia and serious neurological damage.

Instructions from the FDA advise the health professional to:

1. **DISCARD** any dental film stored in these boxes.
(Wiping the film does not significantly reduce lead levels).
2. Remove the boxes and dispose of them properly.
The old boxes cannot be made safe by painting, coating or lining them. Scrap lead should be discarded according to EPA regulations (1-800-424-9346) or www.fda.gov/cdrh/safety/leadcontainer.html or your State's lead disposal requirements.
3. Store your dental film according to the manufacturer's instructions.

You may obtain more information about public health concerns related to lead from the OSHA website: <http://www.osha-slc.gov/SLTC/lead/index.html>.



PEDIATRIC OCS

To obtain the certificate necessary for administering oral conscious sedation to minor patients under 13 years of age, the next Board-approved course will be offered at:

UCLA School of Dentistry
October 4-6
(310) 206-8388

CME Associates is planning a course for a possible November offering. To verify, call (714) 998-2208.

To renew an oral conscious sedation permit, the continuing education (CE) requirement is seven units of CE in courses related to the oral conscious sedation of pediatric patients. No one is exempt from the CE requirement when renewing the first time. Two providers are planning to make such a course available and anticipate its readiness by August 2001. ?

PATIENT CONSIDERATION

The Board receives many complaints from patients about dentists or dental hygienists being rude to them. The behavior may include such things as yelling, cursing, or not returning calls. While such allegations do not violate the Dental Practice Act, they show a lack of professionalism by the practitioner toward the patient. The Code of Ethics by the American Dental Association (ADA) is available to each practitioner for everyday interaction with patients. The Board highly recommends that practitioners obtain and follow the ADA's Code of Ethics.

DENTAL MATERIALS FACT SHEET

The new Dental Materials Fact Sheet was reviewed by the Members of the Board at the May 10-11th meeting and continues to undergo revision. The Board, at its August 3-4, 2001 meeting in the Bay Area, again reviewed and discussed the Fact Sheet. Several changes were agreed upon and approval of the Fact Sheet is scheduled for an upcoming meeting on October 17, 2001 in Los Angeles. After approval, the Board will distribute the Dental Materials Fact Sheet to all California licensed dental professionals and to those consumers who have requested a copy. If you would like a copy and are not on our mailing list, please call (916) 263-2300, ext. 2309. For additional information on the meeting, call ext. 2292. ?

NOTICE

Although the Dental Board Task Force has reviewed and completed the minimum standards for the Infection Control Guidelines, the regulations have not yet been implemented. The proposed regulations for Infection Control Guidelines will be on the Board's Regulatory Hearing agenda at the November 30, 2001 meeting. Therefore, the current Infection Control Guidelines are still in effect.

DISCIPLINARY ACTIONS

January 1 – April 30, 2001

B & P = Business & Professions Code

CCR = California Code of Regulations

The Dental Board of California took the following actions from January 1, 2001 through April 30, 2001. Penalties include license revocation, suspension or probation of a licensee depending upon the nature and severity of the violation.

Every effort has been made to ensure that the information provided herein is correct.

Official confirmation of the status of a licensee may be obtained by contacting the Dental Board of California at (916) 263-2300.

Revocation

Messenger, Craig – Folsom

License Number: DDS 23541

Action: Decision effective May 4, 2001, Revocation.

Violation: Violation of Terms of Probation.

Moldofsky, Fred - Houston TX

License Number: DDS 41761

Action: Default Decision effective February 1, 2001 – Revocation.

Violation: B&P §1680(r) disciplined by another state.

Friesen, Karla – Clovis

License Number: RDA 23532

Action: Default effective April 30, 2001 – Revocation.

Violation: B&P §1670.1 conviction of a crime related to dentistry.

Probation

Cho, Do Young – Glendora

License Number: DDS 31186

Action: Stipulation effective June 11, 2001 – Revocation stayed, three years probation.

Violation: B&P §1680(d) aiding or abetting the unlawful practice of dentistry; B&P §1680(a) obtaining a fee by fraud or misrepresentation.

Dickey, David - Daly City

License Number: DDS 36914

Action: Decision effective April 7, 2001 – Revocation stayed, three years probation.

Violation: B&P §1670 gross negligence, negligence, and repeated acts of negligence.

Escamillo, Alex - Rancho Cucamonga

License Number: DDS 36918

Action: Stipulation effective February 10, 2001 – Revocation stayed, seven years probation with a six month suspension.

Violation: B&P §1680(m) violating state drug statutes; B&P §1680(w) procuring a certificate by fraud; B&P §1670.1 conviction of a crime related to dentistry; B&P §1680(c) aiding and abetting the unlicensed practice of dentistry.

Hanson, Kerry Dale – Loomis

License Number: DDS 19505

Action: Decision effective March 9, 2001 – Revocation stayed, five years probation.

Violation: B&P §1670.1 conviction of a crime related to dentistry.

Hauser, Gregory – Arroyo Grande

License Number: DDS 26863

Action: Stipulation effective April 7, 2001 – Revocation stayed, five years probation with 30 day suspension.

Violation: If proven at hearing, the allegations constitute cause for discipline.

Madison, Miles – El Monte

License Number: DDS 37446

Action: Decision after Non-adoption effective September 10, 2000 – Revocation stayed, five years probation with 30 day suspension.

Violation: B&P §1680(ee) utilization of a person in a practice owned by him to perform the functions of a registered dental hygienist who did not possess a current, valid license to perform those functions.

Maksemous, Boulos – Alta Loma

License Number: DDS 32125

Action: Decision after Non-adoption effective February 18, 2001 – Revocation stayed, five years probation with 30 day suspension.

Violation: B&P §1670 repeated acts of negligence or incompetence; B&P §1680(n) failure to identify patient record entries; B&P §1680(c) aiding the unlicensed practice of dentistry.

Malfitano, Vincent - *Antioch*
License Number: DDS 37136

Action: Stipulation effective March 9, 2001 – Revocation stayed, seven years probation with 30 day suspension.

Violation: If proven, allegations would constitute cause for discipline.

Masterson, Richard - *Yreka*
License Number: DDS 19238

Action: Stipulation effective June 11, 2001 – Revocation stayed, five years probation.

Violation: B&P §1670.1 conviction of a crime related to dentistry.

McLearan, Harold - *Spokane, WA*

License Number: DDS 20232

Action: Decision after Non-adoption effective April 8, 2001 – Revocation stayed, five years probation.

Violation: B&P § 1670 repeated acts of negligence and incompetence.

Mangondato, Jamila - *San Jose*

License Number: DDS 41645

Action: Decision effective April 7, 2001 – Revocation stayed, three years probation.

Violation: B&P § 1670 gross negligence, incompetence and repeated acts of negligence.

Navas, Benito - *Los Angeles*
License Number: DDS 32747

Action: Stipulation effective February 1, 2001 – Revocation stayed, five years probation with 45 day suspension.

Violation: B&P § 1681(b) use of drugs/alcohol dangerous to patient welfare.

Nguyen, Trieu - *West Covina*

License Number: DDS 40477

Action: Stipulation effective February 26, 2001 – Revocation stayed, seven years probation with suspension.

Violation: B&P § 1680(e) gross immorality related to dentistry; B&P § 1680(b) use of drugs/alcohol dangerous to patient care.

Patel, Rasool Simjee - *Compton*

License Number: DDS 33374

Action: Stipulation effective March 9, 2001 – Revocation stayed, five years probation with 45 day suspension.

Violation: B&P § 1680(c) aiding/abetting the unlicensed practice of dentistry; B&P § 1701(f) practicing while suspended, revoked or unlicensed.

Persyn, Michael - *Rancho Cordova*

License Number: DDS 31137

Action: Stipulation effective June 11, 2001 – Revocation stayed, five years probation with 30 day suspension.

Violation: B&P §1670 - repeated acts of negligence; violation of probation.

Petillo, Larry - *Millbrae*

License Number: DDS 31514

Action: Stipulation effective February 26, 2001 – Revocation stayed, five years probation with 30 day suspension.

Violation: B&P §1670.1 conviction of a crime related to dentistry; B&P §1681(b) use of drugs/alcohol dangerous to patient care.

Reddy, Janardhan - *Salinas*
License Number: DDS 26511

Action: Decision effective April 19, 1999 – Revocation stayed, five years probation.

Violation: B&P §1670 repeated acts of negligence and incompetence.

Stan, Joseph - *Beverly Hills*

License Number: DDS 40021

Action: Stipulation effective February 10, 2001 – Revocation stayed, five years probation with 30 day suspension.

Violation: B&P §1670.1 - conviction of a crime related to dentistry.

Singh, Tarvinder - *Yuba City*

License Number: DDS 29470

Action: Stipulation effective June 11, 2001 – Revocation stayed, five years probation with 45 day suspension.

Violation: B&P § 1670.1 conviction of a crime; B&P §1680(a) obtaining a fee by fraud or misrepresentation.

Torres, Sergio - *La Puente*

License Number: DDS 36441

Action: Stipulation effective May 4, 2001 - Revocation stayed, three years probation with 15 days suspension.

Violation: B&P §1680(c) aiding and abetting the unlicensed practice of dentistry.

Voluntary Surrender

Hernandez, Eva - *Tustin*

License Number: RDA 46389

City: **Action:** Stipulation Effective April 8, 2001
 Voluntary Surrender.

THE BOARD WELCOMES DAVID I. BARON, PUBLIC MEMBER

David I. Baron was appointed on February 16, 2001 by the Speaker of the Assembly to serve as a public member of the Board. His term expires January 15, 2004. Mr. Baron is the Director of Government Affairs for the Barona Band of Mission Indians. He and his wife reside in San Diego, California. Mr. Baron replaces the outgoing Sylvia Muscia as a public member.



CAN YOU ANSWER THE FOLLOWING 10 QUESTIONS ON CONTINUING EDUCATION ?

1. In the 1998-99 renewal cycle, the Board required CE courses in Infection Control and California Dental Law. Are credits in the above courses required for the 2000-2001 renewal?
2. How many CE credits must a dentist acquire within a two-year renewal cycle?
3. How many credits are required for an RDA?
For an RDH?
For an RDHAP?
4. What other CE course is a requirement prior to every renewal?
5. Does the Board require that all CE courses be "hands on" or seminar courses?
6. How many credits may be earned for computer courses or home study?
7. What is the condition for earning all 50 required CE credits on the computer?
8. Is a Registered Provider of CE courses required to issue a Certificate of Completion to each attendee?
9. How long must *certificates of completion* in continuing education be retained?
10. Does participation in a residency program suffice for the CE units necessary to renew a license?

Answers on page 6 of this issue

PRESCRIBING LIMITS



Board staff frequently gets calls from pharmacists questioning possible inappropriate prescribing by dentists. Article 10.5 of the Business & Professions Code, section 725 defines unprofessional conduct as "Repeated acts of clearly excessive prescribing or administering of drugs or treatment . . ." Violation of this section of the code may result in disciplinary action against your license.

The scope of dental practice is defined in the statutes to include the diagnosis, treatment, correction, relief, prevention, prescription of remedy, and adjunctive treatment for any disease, pain, etc., involving both the teeth, gingivae, jaws and adjacent hard and soft tissue of the oral and maxillofacial regions, including the prescription or administration of any drug or medicine.

Drugs can only be prescribed to treat a patient of record and the prescription must be related directly to the dental condition being treated. The prescribing and/or administering of drugs such as Vicodin to a family member or friend who may be suffering pain or injury, or to someone who "needs" a Valium or Xanax to relax, or a friend whose prescription for blood-pressure medicine ran out and needs a "few for the weekend" is prohibited.

Remember, any prescribing outside the scope of dental practice is not only a violation of the B & P Code, but a criminal act, and may result in the Board and/or the law enforcement officials knocking at your door.



NEW DENTAL PRACTICE ACT IS SCHEDULED FOR PRINTING IN FY 2001/2002

The compilation of the Business and Professions Code and the California Code of Regulations, which make up the *Dental Practice Act*, will soon be completed and ready for print. Each licensed dentist will be mailed a copy. If you are not a California licensed dentist, but would like a copy of the new DPA, at a cost of \$10.70 each, please call the Board at (916) 263-2300. For now, you may request the completed 2001 California Code of Regulations as a *supplement to* the old DPA by calling the above telephone number. ?

OSHA/INFECTION CONTROL TRAINING – DEFINED

By LaDonna Drury-Klein, RDA, CDA, BS
Member, Dental Board of California

Over the course of the past several years, there has been a lot of confusion relating to training in the areas of OSHA and Infection Control. Many practitioners and clinical staff believe there are no differences between the two types of training while others do not know the requirements of either level of training. In fact, there are differences and all dental healthcare workers, regardless of licensure status, should understand each type of training.

OSHA Training

Each year, dental healthcare workers whose job description involves the potential for exposure to bloodborne pathogens and/or hazardous chemicals are required to participate in OSHA training. This training involves hazard materials training, review of the bloodborne pathogens standard, disease transmission, hazard communication, fire and emergency protocol, medical waste handling, post-exposure evaluation plan, and, unique to California, is the Injury and Illness Prevention Program. This training is extensive and is required annually for all licensed and unlicensed dental auxiliaries.

Each dental office is required to maintain a Job Classification list of all employees. Classification “I” are those employees whose employment involves a full-time expectation of exposure to bloodborne/airborne pathogens. This includes all assistants, hygienists and dentists. Classification “II” involves those employees who may work at the front desk part-time and provide clinical assistance part-time. Therefore, a percentage of these employees’ work has an expectation of exposure. Both Class “I” and “II” employees are required to obtain annual OSHA training. Classification “III” employees are those who never expect exposure of any type, never don personal protective equipment, and are never involved in clinical care. These employees are not required to receive training except in the areas of general office safety and fire and emergency protocols.

Safety meetings to reinforce OSHA training and general office safety measures are scheduled quarterly. All training must be interactive.

Infection Control Training

The Dental Board of California has adopted regulations involving infection control criteria which are reviewed yearly. Since the Board can only regulate licensed individuals, these regulations, although pertinent to all dental healthcare workers, if not adhered to, hold the licensee responsible and subject to discipline. These regulations, as found in the Board’s Infection Control Guidelines, address specific issues about the use, type and disposal of personal protective equipment, proper types of disinfectants to use, barriers and other day-to-day activities relating to the protection of staff and patients against cross contamination and disease transmission.

The Board has, in the past, required specific training in this area as a condition of license renewal. These regulations are completely separate from OSHA guidelines in that they are Board required. Mandatory CE training in the Board’s Infection Control Guidelines is at the purview of the Board and the licensee will be noticed if these mandatory CE units are imposed.

Answers to Continuing Education Quiz on Page 5

1. No – The exception would be if your dental or auxiliary license has been *inactive* since 1998 or prior. When you plan to activate your license, call the Board to determine if you will need to complete these required CE courses.
2. 50 units for the two year cycle.
3. 25 for RDA/RDHs; and 35 for RDHAPs
4. CPR
5. No
6. 25 units
7. The computer course must be *interactive*.
8. Pursuant to CCR section 1016 (g)(1) - Yes.
9. 4 years, in case of Board audit.
10. Yes – However, the licensee must provide documentation from the university or hospital certifying participation in the program.



COMPLAINT PROCESSING

In a previous issue of this publication, we went through the enforcement process showing the steps for disciplining a licensee of the Dental Board. This issue will cover the complaint process from receipt of the complaint to the investigation (if necessary) of the subject.

CASE REVIEW – Complaints are categorized as jurisdictional and non-jurisdictional. Examples of non-jurisdictional complaints are those dealing with billing disputes, general business practices or personality conflicts. Complaints within the jurisdiction of the Board are the following types:

- * Aiding/abetting unlicensed practice of dentistry
- * Advertising
- * Battery (assault)
- * Conviction of crimes
- * Drug violations
- * Fraudulent billing
- * Mental/physical illness
- * Quality of care
- * Sexual misconduct/abuse
- * Unlicensed practice
- * Unsanitary conditions

The Board prefers to receive complaints in writing. Most complaints begin with a telephone call after which Board staff will mail a complaint form to be completed and returned. When a complaint falls within one or more of the categories above, a case is opened and assigned to a Consumer Services Analyst (CSA).

Complaints regarding drug or alcohol abuse, sexual misconduct, unlicensed practice and violations reported by law enforcement and/or other agencies are referred immediately to the Supervisor, as well as alleged criminal conduct such as battery or sexual abuse. In cases involving advertising, an administrative citation may be issued if the licensee has been a previous offender. For fraudulent billing or quality of care issues, the CSA may request a certified copy of the patient's records from the treating dentist. This is accompanied by a "Request for Records" form previously signed by the complainant. When all records are received, the CSA refers the case to a dental consultant for review. The consultant reviews the case for possible violations of the Dental Practice Act (DPA). However, the final opinion of whether or not the treatment rendered is within the standard of care for the community rests with an expert consultant, who is a dentist in private practice.

CASE SETTLEMENT – Complaints may be resolved in a number of ways. For fraudulent billing or overcharging, the CSA may assist the consumer in obtaining a refund; if the dental treatment was not within the "standard of care" they may ask the dentist to either do the work over, or issue a refund to have the work done elsewhere.

CASE (COMPLAINT) CLOSURE - Complaints are closed at three levels: 1) After review by the CSA or the Dental Consultant; 2) After field investigation; and 3) After an inspection is conducted. When cases are closed at the Complaint Unit level, the CSA will send a closure letter to the complainant. On closure after investigation, the investigator will send a closure letter to the complainant.

COMPLAINTS TO INVESTIGATION – Complaints are assigned to investigation by the Executive Officer, Assistant Executive Officer, the Chief of Enforcement, or the Supervising Investigator. If the CSA finds, while reviewing the case, that a current, open case against a subject already exists, the CSA contacts the assigned investigator to determine if the case should be referred immediately to investigations. The following violations are most likely to be assigned for formal field investigation:

- ⇒ Cases that have been pre-screened and determined by the dental consultants that there is evidence of gross negligence, incompetence, or fraud.
- ⇒ Sexual misconduct or abuse
- ⇒ Mental Illness
- ⇒ Drug Violations and/or Self-Use of drugs or alcohol.
- ⇒ The unlicensed practice of dentistry.
- ⇒ Any case which poses a threat to public safety.

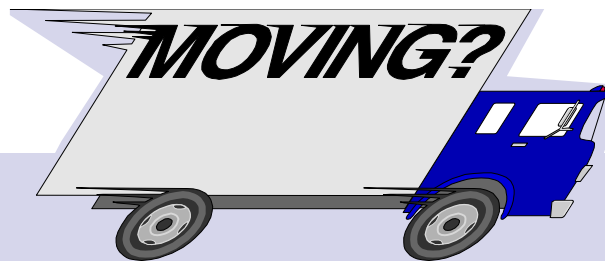
Cases or complaints from the Northern half of California will be investigated by the Sacramento headquarters of the Dental Board. Cases involving health professionals from Southern California are referred to the Board's Tustin office for investigation.

REMINDER

For license verification, for Board meeting dates and locations, complaints forms, application forms and and/or the Board Newsletter, you can access the Board's website at www.dbc.ca.gov. To access the Business & Professions Code, use <http://leginfo.ca.gov>. To access Title 16 of the California Code of Regulations, type in <http://ccr.oal.ca.gov>. ☐

Dental Board of California
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www.dbc.ca.gov

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**BE SURE TO REPORT YOUR *NEW* PRACTICE ADDRESS TO THE
DENTAL BOARD!**

If you are a health professional licensed under the Dental Board of California, and have a change of address, you are legally responsible to report the change to the Board within 30 days.

FAILURE TO ACT PROMPTLY MAY RESULT IN A \$50 LATE PENALTY.

Your renewal notice will be mailed to the address of record you last provided.

- Professional Support Services
- Voluntary & Confidential
- Free Consultation
- Open Enrollment
- Intervention/Treatment
- An alternative to enforcement
- Public protection

For information, call Arlyce Ten Broeck,
 Diversion Program Manager
 (916) 263-2300, ext. 2317

DENTAL BOARD OF



THE DENT/



DENTAL BOARD OF CALIFORNIA	
1432 Howe Avenue, Suite 85	
Sacramento CA 95825	
(916) 263-2300	
Dental Board Units	Extension
Administration	2292
License Verifications	2300/ 2322
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